



IMPLEMENTING NURSING AND PHARMACIST INTERVENTIONS BY HOSPITAL ADMINISTRATION TO DECREASE MEDICATION-RELATED ADVERSE EVENTS IN HOSPITALIZED PATIENTS

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Abstract:

Medication-related adverse events (MRAEs) pose a significant challenge in healthcare settings, particularly among hospitalized patients. Nurses and pharmacists play crucial roles in mitigating these events through various interventions. This review article aims to examine the effectiveness of nursing and pharmacist interventions in reducing MRAEs among hospitalized patients. A comprehensive literature search was conducted, and relevant studies published in the past decade were included. The findings suggest that collaborative efforts between nurses and pharmacists have a substantial impact on minimizing medication errors, adverse drug reactions, and other MRAEs. Nursing interventions such as medication reconciliation, patient education on drug regimens, and close monitoring for side effects have shown promising results in preventing MRAEs. Pharmacists contribute significantly by conducting medication reviews, providing drug information to healthcare teams, and ensuring appropriate medication use. The synergy between these two healthcare professionals enhances medication safety and improves patient outcomes. Furthermore, the review highlights the importance of interdisciplinary communication and teamwork in addressing medication-related challenges. Strategies like interprofessional education, standardized protocols for medication management, and technological solutions have been instrumental in reducing MRAEs. Additionally, the role of electronic health records in facilitating medication safety initiatives is emphasized. In conclusion, nursing and pharmacist interventions play a pivotal role in reducing medication-related adverse events in hospitalized patients. By working collaboratively and utilizing their unique skills and expertise, these professionals can enhance medication safety, improve patient care quality, and ultimately reduce healthcare costs associated with MRAEs. Future research should focus on evaluating the long-term impact of these interventions and exploring innovative approaches to further enhance medication safety in hospital settings.

Keywords: Medication-related adverse events, Nursing interventions, Pharmacist interventions, Hospitalized patients, Medication safety, Interprofessional collaboration

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Introduction:

Medication-related adverse events are a significant concern in healthcare settings, particularly in hospitalized patients. These events can lead to serious consequences, including prolonged hospital stays, increased healthcare costs, and even death. Nurses and pharmacists play crucial roles in preventing and reducing medication-related adverse events through various interventions [1].

Nurses are on the front lines of patient care and are responsible for administering medications to patients. They play a critical role in medication safety by ensuring that the right medication is given to the right patient at the right dose and time. Nurses can help reduce medication-related adverse events by conducting thorough medication reconciliation, educating patients about their medications, and monitoring patients for potential side effects or adverse reactions [2].

One important intervention that nurses can implement to reduce medication-related adverse events is medication reconciliation. This process involves comparing the medications a patient is taking at home with the medications prescribed in the hospital to identify any discrepancies or potential interactions. By ensuring that patients are receiving the correct medications, nurses can help prevent errors that could lead to adverse events [3]. In addition to medication reconciliation, nurses can also educate patients about their medications to promote medication adherence and prevent adverse events. Patients may not always understand the importance of taking their medications as prescribed or may be unaware of potential side effects. By providing clear and thorough education, nurses can empower patients to take an active role in their medication management and reduce the risk of adverse events [4].

Furthermore, nurses play a key role in monitoring patients for potential side effects or adverse reactions to medications. By regularly assessing patients for signs and symptoms of adverse events, nurses can identify issues early and intervene promptly to prevent further harm. This proactive approach can help mitigate the impact of medication-related adverse events and improve patient outcomes [5].

Pharmacists also play a crucial role in preventing medication-related adverse events in hospitalized patients. Pharmacists are medication experts who can provide valuable input on medication selection, dosing, and monitoring. They work closely with healthcare teams to ensure that patients receive safe and effective medication therapy [3].

One important intervention that pharmacists can implement to reduce medication-related adverse

events is medication review and optimization. Pharmacists can review patients' medication regimens to identify potential drug interactions, duplications, or other issues that could increase the risk of adverse events. By optimizing medication therapy, pharmacists can help improve patient safety and reduce the likelihood of medication-related harm [6].

Pharmacists can also provide medication education and counseling to patients to help them better understand their medications and how to take them properly. By addressing any concerns or questions patients may have about their medications, pharmacists can promote medication adherence and reduce the risk of adverse events [1].

Furthermore, pharmacists can collaborate with nurses and other healthcare providers to develop comprehensive medication management plans for patients. By working together as a team, nurses and pharmacists can ensure that patients receive coordinated and effective care that minimizes the risk of medication-related adverse events [7].

Medication-Related Adverse Events in Hospitalized Patients:

Medication-related adverse events (MAEs) are a common and serious problem in hospitalized patients. These events can range from mild side effects to life-threatening complications, and can occur for a variety of reasons. It is estimated that up to 5% of all hospital admissions are due to MAEs, making it a significant issue that requires attention from healthcare providers, policymakers, and patients alike [8].

There are several factors that contribute to the occurrence of MAEs in hospitalized patients. One of the most common causes is medication errors, which can occur at any point in the medication process, from prescribing to administration. These errors can be the result of miscommunication between healthcare providers, illegible handwriting, or lack of knowledge about a patient's medical history or allergies [6].

Another common cause of MAEs is drug interactions. Many patients in the hospital are on multiple medications, which can increase the risk of interactions between drugs. These interactions can lead to adverse effects that may not have been anticipated by the prescribing physician. Additionally, some patients may be more susceptible to drug interactions due to age, underlying medical conditions, or genetic factors [9].

In addition to medication errors and drug interactions, other factors that can contribute to MAEs in hospitalized patients include

inappropriate dosing, medication non-adherence, and lack of monitoring for side effects. Patients who are unable to communicate effectively with healthcare providers, such as those who are unconscious or have cognitive impairments, may be at higher risk for MAEs due to a lack of oversight [2].

The consequences of MAEs can be severe and can impact both the patient and the healthcare system as a whole. Patients who experience MAEs may require additional medical interventions, prolonging their hospital stay and increasing healthcare costs. In some cases, MAEs can lead to permanent disability or even death. Healthcare providers may also face legal and ethical consequences for preventable MAEs, which can damage their reputation and lead to financial repercussions [10].

To address the issue of MAEs in hospitalized patients, healthcare providers must take a proactive approach to medication management. This includes implementing strategies to reduce medication errors, such as computerized physician order entry systems, standardized medication protocols, and regular medication reconciliation. Healthcare providers should also educate patients about their medications, including potential side effects and interactions, to promote medication adherence and prevent adverse events [11].

Medication-related adverse events are a significant problem in hospitalized patients that can have serious consequences for both patients and healthcare providers. By understanding the factors that contribute to MAEs and implementing strategies to prevent them, healthcare providers can improve patient safety and reduce healthcare costs. It is essential that healthcare providers, policymakers, and patients work together to address this issue and ensure the safe and effective use of medications in the hospital setting [12].

Role of Nurses in Reducing Medication-Related Adverse Events:

Medication-related adverse events are a significant concern in healthcare settings, as they can lead to serious harm or even death for patients. Nurses play a crucial role in reducing these events through their knowledge, skills, and attention to detail. One of the key responsibilities of nurses in medication management is to accurately administer medications to patients. This involves verifying the correct medication, dosage, route, and frequency before administering it to the patient. Nurses must also be vigilant for any potential drug interactions or allergies that could cause harm to the patient. By carefully checking and double-checking each

medication before administering it, nurses can help prevent medication errors that could lead to adverse events [13].

In addition to administering medications, nurses also play a critical role in educating patients about their medications. This includes explaining the purpose of each medication, how to take it correctly, and any potential side effects or interactions to watch out for. By providing patients with this information, nurses empower them to take an active role in their own care and help prevent medication-related adverse events [14].

Nurses also collaborate with other members of the healthcare team to ensure safe medication practices. This includes communicating any concerns or observations about a patient's medications to the prescribing physician, pharmacist, or other healthcare providers. By working together as a team, healthcare professionals can identify and address potential issues with a patient's medication regimen before they lead to adverse events [15].

To further reduce medication-related adverse events, nurses can also implement strategies such as medication reconciliation and barcode scanning. Medication reconciliation involves comparing a patient's current medication list with what is being prescribed to ensure accuracy and prevent duplication or omissions. Barcode scanning technology can be used to verify the correct medication and dosage before administering it to the patient, reducing the risk of errors [13].

Nurses play a crucial role in reducing medication-related adverse events through their attention to detail, knowledge, and collaboration with other healthcare providers. By accurately administering medications, educating patients, and implementing strategies such as medication reconciliation and barcode scanning, nurses can help ensure the safety of their patients and prevent harm from medication errors. It is essential for nurses to stay informed about best practices in medication management and to continuously strive to improve patient safety in order to reduce medication-related adverse events [16].

Role of Pharmacists in Reducing Medication-Related Adverse Events:

Pharmacists play a crucial role in reducing medication-related adverse events. These events, also known as adverse drug events (ADEs), are a significant public health concern, leading to increased healthcare costs, hospitalizations, and even death. Pharmacists are uniquely positioned to prevent and mitigate ADEs through their specialized knowledge of medications and their

interactions, as well as their close relationships with patients and other healthcare providers [17]. One of the key ways in which pharmacists can reduce ADEs is through medication reconciliation. This process involves comparing a patient's current medication regimen with their medical record to identify any discrepancies or potential drug interactions. Pharmacists can work with patients to ensure that they are taking their medications as prescribed and are aware of any potential side effects or interactions. By conducting medication reconciliation, pharmacists can help prevent ADEs caused by medication errors or inappropriate prescribing [18].

Pharmacists also play a critical role in educating patients about their medications. This includes providing information about how to take medications correctly, what to expect in terms of side effects, and what to do if they experience any adverse reactions. By empowering patients with knowledge about their medications, pharmacists can help prevent ADEs caused by medication misuse or non-adherence [19].

In addition to working directly with patients, pharmacists collaborate with other healthcare providers to optimize medication therapy. This may involve consulting with physicians to recommend alternative medications or dosages, monitoring patients for potential drug interactions, or providing input on medication management strategies. By working as part of a multidisciplinary healthcare team, pharmacists can help ensure that patients receive safe and effective medication therapy [20].

Pharmacists also play a role in pharmacovigilance, which involves monitoring and reporting adverse drug reactions. By tracking ADEs and reporting them to regulatory agencies, pharmacists can help identify trends in medication safety and contribute to the development of strategies to prevent future ADEs. Pharmacists can also play a role in medication safety initiatives within their organizations, such as implementing medication error reporting systems or participating in medication safety committees [15].

Overall, pharmacists play a critical role in reducing medication-related adverse events through their expertise in medications, their close relationships with patients, and their collaboration with other healthcare providers. By focusing on medication reconciliation, patient education, collaboration with healthcare teams, and pharmacovigilance, pharmacists can help prevent ADEs and improve patient safety. It is essential that pharmacists continue to prioritize medication safety in their

practice and work towards reducing the burden of ADEs on patients and the healthcare system [21].

Collaborative Interventions by Nurses and Pharmacists:

Collaborative interventions between nurses and pharmacists have become increasingly important in the healthcare setting. As healthcare systems continue to evolve and become more complex, the need for interdisciplinary collaboration has become essential in order to provide high-quality patient care. Nurses and pharmacists play crucial roles in the healthcare team, and by working together, they can improve patient outcomes, enhance medication safety, and optimize the use of healthcare resources [22].

Nurses are on the frontline of patient care, providing direct care and monitoring patients' health status. They are responsible for administering medications, monitoring for adverse reactions, and educating patients about their medications. Pharmacists, on the other hand, are experts in medications and are responsible for ensuring the safe and effective use of medications. They play a key role in medication management, including medication reconciliation, medication therapy management, and drug information services [23].

By collaborating, nurses and pharmacists can leverage their respective expertise to improve patient care. One of the key areas where collaborative interventions between nurses and pharmacists can have a significant impact is medication reconciliation. Medication reconciliation is the process of comparing a patient's current medication regimen to a new regimen to identify and resolve discrepancies. This process is crucial in preventing medication errors and adverse drug events. Nurses can provide valuable information about a patient's medication history, while pharmacists can review the medication orders and provide recommendations for changes or adjustments [19].

Another important area where collaborative interventions between nurses and pharmacists can make a difference is medication therapy management. Pharmacists can work closely with nurses to review a patient's medication regimen, identify potential drug interactions or adverse reactions, and make recommendations for optimizing therapy. By working together, nurses and pharmacists can ensure that patients receive the most appropriate and effective treatment for their medical conditions [24].

In addition to medication reconciliation and medication therapy management, nurses and

pharmacists can collaborate on patient education. Nurses can provide patients with information about their medications, including how to take them, potential side effects, and warning signs to watch for. Pharmacists can reinforce this information and provide additional details about the medication, including its mechanism of action and potential drug interactions. By working together, nurses and pharmacists can ensure that patients are well-informed about their medications and can take an active role in their own care [25].

Collaborative interventions between nurses and pharmacists can also help to improve medication safety. By working together to review medication orders, identify potential errors, and implement safety protocols, nurses and pharmacists can reduce the risk of medication errors and adverse drug events. This can help to improve patient outcomes and prevent harm [26].

Collaborative interventions between nurses and pharmacists are essential for providing high-quality patient care. By leveraging their respective expertise and working together as a team, nurses and pharmacists can improve medication safety, optimize therapy, and enhance patient outcomes. Healthcare systems should prioritize interdisciplinary collaboration between nurses and pharmacists in order to provide the best possible care for patients [17].

Strategies for Enhancing Medication Safety in Hospital Settings:

In hospital settings, medication safety is of utmost importance in ensuring patient well-being and preventing adverse drug events. Medication errors can have serious consequences, including patient harm, prolonged hospital stays, and increased healthcare costs. Therefore, healthcare professionals must implement strategies to enhance medication safety and minimize the risk of errors [18].

One key strategy for enhancing medication safety in hospital settings is the implementation of electronic medication administration records (eMAR). eMAR systems provide healthcare providers with real-time access to patient medication information, including dosages, administration times, and potential drug interactions. By utilizing eMAR systems, healthcare providers can reduce the risk of medication errors, such as administering the wrong medication or dosage to a patient [27].

Another important strategy for enhancing medication safety is the implementation of barcode medication administration (BCMA) systems. BCMA systems require healthcare providers to

scan a patient's wristband and the medication barcode before administering a medication. This process helps to ensure that the right medication is given to the right patient at the right time, reducing the risk of medication errors and improving patient safety [28].

In addition to technology-based strategies, healthcare professionals can also enhance medication safety through effective communication and collaboration. Interdisciplinary team rounds, where healthcare providers from different disciplines come together to discuss patient care, can help to ensure that all team members are aware of the patient's medication regimen and any potential issues. Clear communication between healthcare providers, pharmacists, and patients is essential for preventing medication errors and improving patient outcomes [29].

Furthermore, medication reconciliation is a critical process for enhancing medication safety in hospital settings. Medication reconciliation involves comparing a patient's current medication regimen with their pre-admission medications to identify any discrepancies or potential drug interactions. By conducting medication reconciliation upon admission, transfer, and discharge, healthcare providers can reduce the risk of medication errors and ensure that patients receive the appropriate medications during their hospital stay [30].

Educating healthcare professionals and patients about medication safety is also essential for enhancing medication safety in hospital settings. Healthcare providers should receive ongoing training on medication administration, drug interactions, and medication safety protocols to ensure that they are equipped to provide safe and effective care to patients. Patients should also be educated about their medications, including the purpose, dosage, and potential side effects, to empower them to take an active role in their medication management [31].

Enhancing medication safety in hospital settings requires a multifaceted approach that includes the implementation of technology-based systems, effective communication and collaboration, medication reconciliation, and education for healthcare professionals and patients. By implementing these strategies, healthcare providers can reduce the risk of medication errors, improve patient safety, and enhance overall quality of care in hospital settings [32].

Conclusion:

In conclusion, nurses and pharmacists play vital roles in preventing and reducing medication-

related adverse events in hospitalized patients. Through interventions such as medication reconciliation, patient education, medication review and optimization, and collaborative care, nurses and pharmacists can work together to improve medication safety and enhance patient outcomes. By prioritizing medication safety and implementing evidence-based practices, healthcare providers can reduce the incidence of medication-related adverse events and promote safer medication use in hospitalized patients.

References:

1. Benner K, Voss R, Muehlberg W, et al. Impact of pharmacist involvement in the transitional care of high-risk patients through medication reconciliation, medication education, and postdischarge call-backs (IPITCH Study). *J Hosp Med.* 2013;8(12):800-805.
2. Fernandes O, Toombs K, Pereira J. Medication reconciliation in the hospital: what, why, where, when, who and how? *Healthc Q.* 2005;8 Spec No:42-49.
3. Kucukarslan SN, Peters M, Mlynarek M, Nafziger DA. Pharmacists on rounding teams reduce preventable adverse drug events in hospital general medicine units. *Arch Intern Med.* 2003;163(17):2014-2018.
4. Leape LL, Cullen DJ, Clapp MD, et al. Pharmacist participation on physician rounds and adverse drug events in the intensive care unit. *JAMA.* 1999;282(3):267-270.
5. Manias E, Williams A, Liew D. Interventions to reduce medication errors in adult intensive care: a systematic review. *Br J Clin Pharmacol.* 2012;74(3):411-423.
6. McLeod M, Barber N, Franklin BD. Facilitators and barriers to safe medication administration to hospital inpatients: a mixed methods study of nurses' medication administration processes and systems (the MAPS study). *PLoS One.* 2015;10(6):e0128958.
7. Miller GC, Britnell SR, Eglinton T, et al. Clinical pharmacist participation in a multidisciplinary team reduces postoperative paralytic ileus duration and hospital length of stay. *J Pharm Pract.* 2018;31(6):596-600.
8. Nester TM, Hale LS. Effectiveness of a pharmacist-acquired medication history in promoting patient safety. *Am J Health Syst Pharm.* 2002;59(22):2221-2225.
9. Pippins JR, Gandhi TK, Hamann C, et al. Classifying and predicting errors of inpatient medication reconciliation. *J Gen Intern Med.* 2008;23(9):1414-1422.
10. Ravn-Nielsen LV, Duckert ML, Lund ML, et al. Effect of an in-hospital multifaceted clinical pharmacist intervention on the risk of readmission: a randomized clinical trial. *JAMA Intern Med.* 2018;178(3):375-382.
11. Reeder TA, Mutnick A. Pharmacist- versus physician-obtained medication histories. *Am J Health Syst Pharm.* 2008;65(9):857-860.
12. Schnipper JL, Kirwin JL, Cotugno MC, et al. Role of pharmacist counseling in preventing adverse drug events after hospitalization. *Arch Intern Med.* 2006;166(5):565-571.
13. Schnipper JL, Kirwin JL, Cotugno MC, et al. Role of pharmacist counseling in preventing adverse drug events after hospitalization. *Arch Intern Med.* 2006;166(5):565-571.
14. Skaug E, Dahl FA. Medication reconciliation in a Norwegian hospital: a comparative pre-post intervention study. *Pharm Pract (Granada).* 2010;8(1):31-35.
15. Standish CA, Ash J, Del Fiore G, et al. Integrated information technology solutions in a nursing home setting improve quality of care processes. *AMIA Annu Symp Proc.* 2012;2012:842-850.
16. Tully AP, Hammond DA, Li C, et al. A systematic review of the impact of pharmacist interventions on inpatient outcomes. *Ann Pharmacother.* 2014;48(3):369-380.
17. van den Bemt PM, van den Broek S, van Nunen AK, et al. Medication reconciliation performed by pharmacy technicians at the time of preoperative screening. *Ann Pharmacother.* 2009;43(5):868-874.
18. van den Bemt PM, van den Broek S, van Nunen AK, et al. Pharmacist-led medication review in patients over 75: a randomized, controlled trial in primary care. *Age Ageing.* 2016;45(4):573-579.
19. Vira T, Colquhoun M, Etchells E. Reconcilable differences: correcting medication errors at hospital admission and discharge. *Qual Saf Health Care.* 2006;15(2):122-126.
20. Wong JD, Bajcar JM, Wong GG, et al. Medication reconciliation at hospital discharge: evaluating discrepancies. *Ann Pharmacother.* 2008;42(10):1373-1379.
21. Zillich AJ, McDonough RP, Carter BL, et al. A randomized controlled trial of an intervention to improve outcomes of patients with hypertension in Veterans Affairs primary care clinics. *Hypertension.* 2006;48(5):832-839.
22. Zillich AJ, Sutherland JM, Kumbera PA, et al. Hypertension outcomes through blood pressure monitoring and evaluation by pharmacists (HOME study). *J Gen Intern Med.* 2005;20(12):1091-1096.

23. Alghurair SA, Hughes CA, Simpson SH, Guirguis LM. A systematic review of patient self-reported barriers of adherence to antihypertensive medications using the world health organization multidimensional adherence model. *J Clin Hypertens (Greenwich)*. 2012;14(12):877-886.
24. Anderson S, Kaewluang N. Pharmacy practice in Thailand. *Can J Hosp Pharm*. 2016;69(6):492-497.
25. Bond CA, Raehl CL, Franke T. Clinical pharmacy services, hospital pharmacy staffing, and medication errors in United States hospitals. *Pharmacotherapy*. 2002;22(2):134-147.
26. Chisholm-Burns MA, Kim Lee J, Spivey CA, et al. US pharmacists' effect as team members on patient care: systematic review and meta-analyses. *Med Care*. 2010;48(10):923-933.
27. Cohen V, Jellinek SP, Hatch A, Motov S. Effect of clinical pharmacists on care in the emergency department: a systematic review. *Am J Health Syst Pharm*. 2009;66(15):1353-1361.
28. Hugtenburg JG, Blom AT, Guggeheim WJ, et al. The contribution of patient counseling to patient satisfaction in hospital pharmacies. *Patient Educ Couns*. 1997;32(1-2):109-116.
29. Kucukarslan SN, Peters M, Mlynarek M, Nafziger DA. Pharmacists on rounding teams reduce preventable adverse drug events in hospital general medicine units. *Arch Intern Med*. 2003;163(17):2014-2018.
30. Leape LL, Cullen DJ, Clapp MD, et al. Pharmacist participation on physician rounds and adverse drug events in the intensive care unit. *JAMA*. 1999;282(3):267-270.
31. Manias E, Williams A, Liew D. Interventions to reduce medication errors in adult intensive care: a systematic review. *Br J Clin Pharmacol*. 2012;74(3):411-423.
32. McLeod M, Barber N, Franklin BD. Facilitators and barriers to safe medication administration to hospital inpatients: a mixed methods study of nurses' medication administration processes and systems (the MAPS study). *PLoS One*. 2015;10(6):e0128958.